

Note: This Dental Triennial Re-Verification document is located under the Links and Resources | Sample Letter Templates section of the DRV Toolkit webpage:
<https://www.calhr.ca.gov/benefits/Pages/dependent-reverification-toolkit.aspx>

[Date]

[Employee Name]

[Address]

[City, State, Zip]

RE: Triennial Re-verification of Dependents Enrolled in State-Sponsored Dental Benefits

Dear [Employee Name]:

The re-verification of the following dependent(s) enrolled in the state's Dental benefits will expire on *[insert first day of the employee's birth month]*. Re-verification of relationship/dependency must be completed on a triennial basis. **Please note that failure to re-verify timely will result in your dependent(s) having a gap in coverage until they are re-enrolled, effective the first day of the month following the departmental personnel office's receipt of the appropriate documentation:**

Enrolled Dependent(s)	Date of Birth	Dental Plan
[insert dependent name]	[insert dependent date of birth]	[insert dental plan]
[insert dependent name]	[insert dependent date of birth]	[insert dental plan]
[insert dependent name]	[insert dependent date of birth]	[insert dental plan]

To continue enrollment of your dependent(s) in the state's Dental Program, you must complete the Dependent Eligibility Verification Checklist (CalHR Form 781) and submit it with all of the following that apply:

Dependent Type	Required Re-verification Documents
Spouse or Domestic Partner	<p>A copy of the marriage certificate or domestic partnership registration filed with the California Secretary of State or a comparable agency in another jurisdiction listing the family member as the domestic partner.</p> <p>AND</p> <p>A copy of the first page of the subscriber's federal or state income tax return from the previous tax year listing the subscriber and the spouse or domestic partner.</p>

Dependent Type	Required Re-verification Documents
	OR A combination of other documentation, including but not limited to, a household bill, account statement, or insurance policy listing the name and address of the subscriber and the spouse or domestic partner, or other documents that substantiate the existence of a current marriage or domestic partnership. Household bills and account statements older than 60 calendar days are unacceptable.
Natural-born Children	A copy of the birth certificate naming the employee as the parent.
Adopted Children	A copy of the adoption certificate naming the employee as the parent.
Stepchildren	A copy of the birth certificate naming the employee's current spouse as the parent.
Domestic Partner Children	A copy of the birth certificate naming the employee's current domestic partner as the parent.

In subsequent re-verifications, employees need not provide birth certificates for natural-born children or adoption certificates for adopted children again, unless requested by the HR office. They also need not provide marriage certificate, domestic partnership registration, and birth certificates for stepchildren or domestic partner children if the marriage or domestic partnership remains current, unless requested.

If you do not provide the required documents to your departmental personnel office, the dependent(s) will be administratively removed from coverage. Dependents removed from coverage are eligible for and will be offered Federal Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage.

Please contact your departmental personnel office at XXX-XXX-XXXX with questions about this letter or the annual recertification process.